

Final Report Tobacco Use Prevention Program

LEA Name (supervisory union or school district name):

Information Completed by:

Were there any changes from your grant application in curricula implementation, policy development, or program implementation?
If so, briefly describe below.

List the name of each school within your LEA. **Check boxes** to indicate which programs are in place.

Name of School	TAP/TEG	N-O-T	VKAT	OVX	VTLSP/SADD
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provide the following information for all implementers within your supervisory union, by curricula. (An implementer is any adult who taught curricula to students in the school year ending June 2010. If an individual teaches more than one curriculum, count them as a separate implementer for each curriculum they teach.) **For accuracy's sake, you will need to contact individuals directly.**

	Botvin's LifeSkills	Know Your Body	Michigan Model	Project Towards No Tobacco Use	Teenage Health Teaching Modules
Total number of curricula implementers for the 2009-2010 school year.					
Number of implementers who received training on the curriculum they taught within the past 12 months.					
Number of implementers who received training on the curriculum they taught, but not within the past 12 months					
Number of implementers who have never received training on the curriculum they taught.					

Provide number of participants engaged in school/community prevention campaigns:

Activity/Common Theme	Number of Schools Involved	Number of Youth Involved	Number of Staff Involved
Butts of Hollywood Campaign			
Quit/Cessation Campaign			
Second Hand Smoke			
KBD (Kick Butts Day) Event			
Great American Smoke Out			
Wellness Event			
Other:			

Describe any needs you anticipate for training or technical assistance for the coming year:

Any additional comments you would like to include:

**Please be sure to include a separate Curricula Implementation Report for each school.
Mail or email completed reports by June 1st to:**

**Kate Larose
Vermont Department of Education
120 State Street
Montpelier, VT 05620-2501
kate.larose@state.vt.us**

Curricula Implementation Report

School Name: _____

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	K	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th	9 th	10 th	11 th	12 th
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Know Your Body (KYB)	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Michigan Model (MM)	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Project Towards No Tobacco Use (TNT)	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Teenage Health Teaching Modules (THTM)	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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